

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
Due By May 1, 2004

**FILED**  
**Apr 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A09520</b>	
1. Entity Name OAK GROVE APARTMENTS, LTD.	



Principal Place of Business 613 12TH STREET LEESBURG, FL 34748	Mailing Address P.O. BOX 492228 LEESBURG, FL 34749
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 59-2046775	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
--

6. Name and Address of Current Registered Agent  MAGALSKI, BARBARA A 613 12TH STREET LEESBURG, FL 34748	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
--	------------

9. Capital Contributions as Shown on record. <b>\$3,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
--	---

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	WINDRAM, THOMAS J	CITY - ST - ZIP	
STREET ADDRESS	840 FAIRVIEW DR.		
CITY - ST - ZIP	MT. DORA, FL 32757		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	LOWE, JEAN W	CITY - ST - ZIP	
STREET ADDRESS	1467 SPRING LAKE RD		
CITY - ST - ZIP	FRUITLAND PARK, FL 34731		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: <u>Thomas J. Windram</u> <u>4/6/04</u> <u>(352) 787-2700</u>	Date	Daytime Phone #
---	------	-----------------

STAPLE CHECK HERE